



SOUTHERN SERVICES
REFORM GROUP

SSRG Workgroup Meeting
Workgroup: Steering Committee
Date: 22/5/17

Present: Carly Hamilton, Vanessa Leane, Tali Warnock, Jen Day, Maria Johns, Meredith McLeod, Maria Shialis, Tania Robertson, Lui DiVenuto, Jacqui Bowden, Natasha Boots, Julia Overton, Chris O'Brien, Margaret Potts, Meredith McLeod, Jen Day, Sally Warnes

Apologies: Stacey Pilmore, DoH, Chris O'Brien, Margaret Potts

Agenda Items	Discussion	Actions
Welcome and apologies	<ul style="list-style-type: none">welcome and apologiesWelcome to Vanessa Leane who is attending to share her learnings about Cultivating Social Wisdom	
Introduction, previous minutes & business arising	<ul style="list-style-type: none">previous minutes acceptedintroductions were made around the tableNo business arising	
Vanessa Leane: Cultivating Social Wisdom	<p>Key messages: Synergise resources to create wellbeing and generate resources. We need to cultivate social wisdom within the system:</p> <ul style="list-style-type: none">Wisdom - understanding meaning and perspectiveGovernment funding: wisdom in the way we use this resource	

	<ul style="list-style-type: none"> • Wise leadership • Divergent thinking really important Vs convergent thinking (for example the CHSP manual) • Discovery conversations • Keep people in an inter-dependency framework 	
Project Officer Report	<p><i>Discussion re information developed by CPO's in collaboration with DoH re survey results, see below</i></p> <p>Last week the SA Collaborative Project Officers (CPOs) met with representatives from the Department of Health (Louise Hamilton, Bev Young and Margot Chiverton), to discuss feedback gained from the sector in the recent CPO survey "Stage 1, Increasing Choice in Home Care April – May 2017". Refer attached report.</p> <p>The survey and other sector feedback raised a number of concerns including:</p> <ol style="list-style-type: none"> 1. The impact of the delay on CHSP service providers in a decision regarding Stage 2 2. The perceived lack of HCP's coming into SA since 27th February. 3. The capacity of CHSP service providers to provide interim services to a consumer waiting for a HCP 4. The need for clarification from the Department of Health regarding appropriate exit fees and exit notice periods <p>Also, there was a release of information regarding the expected long wait periods of up to 12 months for a HCP to be provided. Please note that emails have been sent to all providers, and information is available on the MyAgedCare portal, regarding the release of this inaccurate test information. Currently there is no data on wait list times.</p> <p>Regarding the first issue above, coincidentally on the same day of our meeting, the extension of CHSP until 30/6/20 was announced. This is obviously a great relief for all. Louise advised, however, that she would still pass on the feedback to Canberra so we do not find ourselves in the same position in two years' time.</p>	

Regarding the second issue, DoH representatives stated that definitely HCPs have been released into SA. Prior to 27th Feb there were 42 HCP providers in SA, there are now 62. Consumers are approaching both smaller and larger organisations. There is also a 56 day take up period which may contribute to this perception of no packages since the February/ March HCP release.

Addressing the third issue, DoH representatives reinforced that CHSP is to only be provided for consumers requiring basic level/entry level services.

- **A consumer approved and waiting for a HCP** can only be provided with CHSP at an entry level, not at the level of the HCP they are approved for.

☐ The description of what entry level support is, in the CHSP is at section 1.2.2 on page 3 of the Manual.

- If above basic/entry level CHSP services are required, a discussion is required with the client about how they meet their needs **while they are waiting**. For example, can family or any people within their networks (if available) provide support in the interim?
- Another option is that a reprioritisation by ACAT be requested if the consumer is likely to require hospitalisation or enter residential aged care immediately without the required HCP.
- If reprioritisation is not approved this is an appealable decision by the consumer.
- However, in the first instance providers may want to advocate for the consumer to the **ACAT Manager** to discuss all the issues and the inability of the consumer to remain in their home safely.
- It also needs to be noted that ACAT can only give a higher priority in extenuating circumstances. Paying for private services is also an option while consumers wait for their HCP.

Additional sector feedback regarding the interaction of CHSP and HCP **for consumers already on HCP** was also discussed with Roy Inglis, Department of Health. Roy provided the information

below in blue:

- Information and guidance about the interaction of CHSP and HCP **in relation to someone on a HCP** is in 3.1.2 of the Manual.

[Interaction between the Commonwealth Home Support Programme and other programs](#)

- Consumers **already on HCP** can only access CHSP **in the circumstances as per 3.1.2 of the CHSP Manual** [CHSP Programme Manual 2017](#)

HCP advisers need to be aware of this so they do not raise expectations amongst their consumers that they can receive both HCP and CHSP services in other circumstances.

The pertinent paragraphs regarding people assessed for and waiting on a HCP and receiving CHSP services are on page 64 where there is a reference to “entry level support consistent with the CHSP”.

Regarding a CHSP provider recouping costs from a Home Care Package (HCP) provider once a CHSP client who has been waiting for a HCP commences their HCP, there is no requirement, compulsion or expectation within the CHSP for a HCP provider to reimburse or otherwise pay a CHSP provider for services provided to the aged person **before the HCP commenced**. Also, HCP funds can only pay for HCP eligible services provided to the HCP client once the HCP has commenced, that is on and after the date of commencement of the HCP.

- In all circumstances advisers/coordinators should be discussing these issues with their senior management so that a consistent approach within organisations can be achieved. Organisations are well positioned to feedback issues such as those raised through their peak bodies to ensure future policy direction.

In relation to the fourth issue , regarding appropriate exit fees, service providers are encouraged to view the Department of Health, [Exit Amount Fact Sheet](#) that includes requirements for exit fees. Consumers can also contact ARAS if they are concerned that their rights are not being upheld in relation to exit fees and exit notice periods. ARAS may support them in their dealings with the service provider.

The [Changing a Home Care Provider](#) fact sheet provides guidelines regarding the notice a service provider states is required from a client to change service providers. The cessation day should **be agreed with the client in consideration of the circumstances**, the terms of the Home Care Agreement, and the **legislative rules** governing home care. Consumers have a right (under the Charter of Care Recipients' Rights and Responsibilities Home Care) to choose their provider, **and to change providers if they wish**. If the clients Rights and Responsibilities are not being taken into account then the client could lodge a complaint with the Aged Care Complaints Commissioner at [Aged Care Complaints: Lodge a Complaint](#)

The Department of Health Webinar, 'Home care reforms and ongoing improvements', 15th May 2017, has information on many of the issues raised in the recent CPO survey, it will be available again in the near future at [Webinars | Ageing and Aged Care](#).

To receive regular e-newsletters and announcements to the aged care sector make sure you and your colleagues subscribe to the DoH e-newsletter:
<https://agedcare.health.gov.au/news-and-resources/subscribe>

Response: concern that the impact on carers will increase to fill the gaps

Aged Care Pathways Workgroup

- The main focus of this group will continue to be monitoring the reform process. Both CHSP and HCP are discussed, specifically the interface between the two.
- Continuing to deliver parts of the Because I Can program during these meetings.

Dementia Workgroup

- The group is investigating a co-production project focusing on carers of people who have dementia. This project will begin in June 2017.
- The definition of co-production is

"The term 'co-production' was first introduced in the 1970s and describes the way of working in partnership by sharing power with people who use services, carers, families and citizens. Co-production requires service providers to foster more equal relationships with the people who use their services and provides the framework to develop these meaningful relationships."

“Co-production is individuals, communities and organisations working together as equals to improve experiences for people who access services. It requires a commitment to working collectively and collaboratively, where each person is involved in the process from beginning to end, exchanging information and power for mutual benefit.” (Community West, 2016)

Report

Ageing and Technology Workgroup

- The workgroup has completed the development phase of the project. The written content of the training module has been finalised. In White Space are collating the information creatively, while web designers Quisk are developing the micro website where it will sit.
- The project is a partnership arrangement with St John Flourishing Lives Program (Vanessa Leane). The training module will eventually be connected to a website showcasing the strength based approach to wellbeing in older people, a model developed and researched by Vanessa, and being supported by the University of South Australia.
- Met with University of South Australia to discuss the on-line training program.

Wellness Forum

- Thursday 6 April 2017 at Cove Civic Centre – 35 people attended, including 6 older people who had completed the Wellbeing and Resilience Course.
- Workshop questions asked were: What does wellness mean to you? The wellness approach – how do we get older people on board? How do we know we have been successful?
- A presentation was delivered about the importance of collaboration for the wellness of organisations. Please see attached.

State-wide Collaborative Projects

- SA collaborative Projects Symposium, 7 July 2017 at Morphettville Race-course titled ‘**No one has no one**’.
- Presentation topics include: Social isolation research, Lived experience, The impact of caring: social isolation, Digital responses to social isolation: using a strength based approach, Dementia down-under Facebook page, Make every contact count, Keeping

	<p>Connected and Building resilience to address social isolation.</p> <ul style="list-style-type: none"> • On-line registrations are currently open • Department of Health representatives met with the CPO's 10/5/17. Discussed the recent survey results (please see copy distributed). Confirmed the continuation of CHSP until 2020. The Collaborative Projects are funded to 2018. <p>Wellbeing and Resilience Workshops</p> <ul style="list-style-type: none"> • Co-delivered the 8 workshops at Seaford with consumers from City of Onkaparinga. • A partnership between SSRG, City of Onkaparinga, City of Marion and City of Holdfast are delivering the Wellbeing and Resilience course to consumers at Hallett Cove - began 15 May 2017. <p>Assistant project officer position</p> <ul style="list-style-type: none"> • Interviews for the position are finished. Currently working through recruitment procedures and finalising the offer of employment. 	
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Next meeting date: Monday 24 July 2017

Time: 2.00 - 4.00 pm

Venue: The Mayors Parlour, City of Marion, 245 Sturt Road